



**APHIS Partnership In Education
Headquarters & Field Outreach
Participation Form
2008-2009 School Year**

Employee Name: _____

Employee Work Address: _____
(please include Program
and unit number) _____

Phone Number: _____

Name & Address of School: _____

Schools Web Address _____

Name of School's
Volunteer Coordinator
& Phone Number _____

Frequency of Visits: Weekly _____ Bi-Weekly _____ Other; Please explain _____

Type of Volunteer Effort: Mentor One-on-One _____ Tutor One-on-One _____

Tutor Multiple Students _____ Teacher's Aide _____

Other; Please explain: _____

Number of Students: _____ (Please estimate the number of children you will work with -- we will track this at the end of the school year as it relates to our pledge to America's Promise.)

Grade(s) of Students (e.g., 5th grade): _____

I have discussed this with my supervisor and he/she concurs with my participation --

Supervisor's Name (Printed): _____

Supervisor's Signature & Date: _____

**After completing this form, please return this and
a Memorandum of Understanding with your school
(unless you have submitted one for your school in past years) to:**

**Susan Murphy
Biotechnology Regulatory Services
4700 River Road, Unit 89
Riverdale, MD 20737
Phone: 301-734-0662
FAX 301-734-0767**

